	1
25ENDER: COMPLETE MISSECTION C #: 31	Filediapeteralssection on Decivery PAGEID
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Article Addressed to:  ##	If YES, enter delivery address below: ☐ No
Dustin Barker 797-793	15708 McConelleville Rd
Correctional Reception Conte	r Caldwell OH 43747
P.O. Box 300	3. Service Type
11271 St. Rt. 762	☐ Registered ☐ Insured Mail ☐ C.O.D.
Orient, 04 43146	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7009 2820 0003 5800 9991	
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

7.4

2:21 GYED 4987-SDM-ERD Doc #: 31 Filed: 04 22/22 Page: 2 of 2 PAGEI First-Class Mail Postage & Fees Paid USPS Permit No. G-10

 Sender: Please print your name, address, and ZIP+4 in this box . OFFICE OF THE GLERK U.S. DISTRICT COURT JOSEPH P. KINNEARY U.S. GOURTHOUSE 85 MARCONI BLVD BUITE 1210 COLUMBUS, OF 43215

2: 21 CU 4184987